



Miami-Dade County  
OFFICE OF PLAN REVIEW SERVICES  
11805 SW 26 St (Coral Way)  
Miami, Florida 33184  
Flood Zone Hotline #: (786) 315-2847  
Fax # (786) 315-2847



## APPLICATION FOR FLOOD HAZARD DETERMINATION CERTIFICATION

### Based on a Letter of Map Change

This is a request that this office issue a Flood Hazard Determination for the herein-described property(s). We understand this is not an elevation certificate. The information provided will be based on a letter of Map Change for the effective Flood Insurance Rate Map (FIRM) for Un-incorporated Miami-Dade County, Florida.  
Community # 120635 FIRM date 07/17/199

Property Information		Official Use Only	
Folio # _____	Research By _____	MD Case# _____	FEMA Case# _____
Address _____ Unit# _____	Check By _____ Approved _____	<input type="checkbox"/> GIS MAP PRINTED	
Owners Name _____			
Legal _____			
<p>I understand that this determination will be based on the flood data presently available. Determinations based on request for a Letter of Map Change are based on information submitted and the effective FIRM map. This documentation revises the effective FIRM map to remove the subject property from the Special Flood Hazard Areas. However I further understand my lender institution has the option to continue the flood insurance requirements to protect its financial risk on the loan. A preferred Risk Policy is available for building located outside the SFHA.</p> <p>_____ Date: _____ Owner (Print Name) Signature</p> <p>_____ Date : _____ CO-Owner (Print Name) Signature</p>			

Owner/ Agent : \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Home ( ) \_\_\_\_\_

Signature (Owner/ Agent) \_\_\_\_\_ Date : \_\_\_\_\_

### (Please allow a Minimum of 72 Hours for Processing and Research)

- ☐ Please mail Flood Hazard Certificate. Self-address Stamped Envelope Enclosed  
☐ Certificate to be Picked-up. ☐ Please Fax Certificate Fax ( ) \_\_\_\_\_

<b>Payment Information:</b>	
<input type="checkbox"/> Check or Money Order # _____ Amount \$ _____	Make Check Payable to <b>Board of County Commissioners</b>
<input type="checkbox"/> Master Card <input type="checkbox"/> Visa Expiration Date: ____ / ____	Total Requested _____
Credit Card # (Please Do Not leave spaces between Numbers) _____	Cost for each Property <b>\$35.00</b>
	Total Amount _____
	Signature: _____